



HIPOCRATES IN TEMPLE ASCULAPII TABULAS VOTIVAS EXCERNENS.

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[NOS. 4 AND 5.]

# HISTORY OF THE CHOLERA AT MONTREAL.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Some time ago I applied to my friend A. T. HOLMES, M.D., of Montreal, for certain information respecting the Cholera Asphyxia as it has occurred in that city, and have lately received from him a very ample and interesting reply. It is submitted entirely to your judgment, whether the following abbreviation of the material facts may be acceptable to the profession.

Dr. H. having methodically replied to each inquiry, I shall not depart from this arrangement, but endeavor merely to adapt his statement to the limits of your Journal.

QUERY I. related to the state of the weather during the two weeks preceding the irruption of the epidemic.

IN ANSWER to which he obliged me with the following extract from a meteorological journal kept by Dr. Robertson, of Montreal.

Date.	Thermometer.		Barometer.		Inches of rain.	Wind at noon.
	7 A.M.	3 P.M.	A. M.	P. M.		
May	25	46	60	29.95	29.85	E.
	26	54	60	29.70	29.70	N. E.
	27	46	56	29.75	29.78	N. N. E.
	28	52	72	29.84	29.86	W. N. W.
	29	55	78	29.88	29.85	S. W.
	30	50	58	29.60	29.75	S. W.
	31	52	80	29.94	29.90	N. E.
June	1	62	78	29.92	29.92	S.
	2	56	70	29.90	29.88	N. E.
	3	53	68	29.87	29.80	N. E.
	4	51	66	29.84	29.80	N. E.
	5	52	67	29.84	29.85	N. N. E.
	6	53	69	29.88	29.88	N. N. E.
	7	56	76	29.91	29.85	E. S. E.
	8	56	80	29.92	29.90	E. N. E.
	9	64	70	29.93	29.93	S. E.
	10	60	76	29.93	29.92	S. S. E.

Also an extract from a meteorological journal kept at Blink-boony Garden, near Montreal, as to the state of the weather.

Date.	Morning.	Noon.	Evening.	Date.	Morning.	Noon.	Evening.
May 27 <sup>a</sup>	dull	dull	clouds	June 4	dull	dull	dull
28	fine	sun	clear	5	dull	blinks†	dull
29	fine	sun	clear	6	dull	sun	cloudy
30	rain	rain	dull	7	fine	sun	clear
31	fine	sun	clear	8	fine	sun	clear
June 1	fine	sun	clear	9	dull	blinks	clear
2	fine	sun	clear	10	dull	dull	cloudy
3	dull	dull	dull				

QUERY II.—What diseases prevailed before the epidemic, and to what extent?

ANSWER.—‘The spring of the year 1832 has been one of the most unhealthy ever known in this city. In addition to ordinary complaints, of various characters, typhous fever prevailed to a considerable extent. Inflammatory complaints, especially among children, were extremely rife. Measles were very common; and in the neighboring country, malignant scarletina committed great ravages, though the city itself suffered but little from it.’

QUERY III.—Did the disease appear to have been introduced, and do you think it propagated by contagion, and what is the common sentiment of physicians in your neighborhood on that subject?

ANSWER.—‘In answer to the first inquiry, I beg leave to refer you to the Report of the Philadelphia Medical Commission, appointed to investigate the introduction, &c. of the disease in Canada. The facts therein stated are, I believe, entirely correct, and prove in my opinion that the disease must have originated in the country, independent of emigration; and I am of opinion, that the fact of emigrants having been the first in whom the disease appeared, arose from the peculiar circumstances in which they were placed. The first case that occurred in Montreal was that of an Irish emigrant from Cork, whose brother informed me, while visiting the sick man, that only two had been sick on board during the voyage, both of whom had landed in health. The ship Carricks, which by some is thought to have brought the disease, was from Dublin; and at the time the cholera commenced, the passengers by that vessel were in a state of quarantine at Grosse Isle, 39 miles below Quebec. The rapidity of its spreading over the whole city, its simultaneous appearance in different parts of it, its attacking those who could have had no communication with the port, and the class first more particularly attacked, viz. the French Canadians, form in my estimation sufficient ground to repudiate the idea of its having spread from one point, or its having been introduced by emigrants from Quebec.

‘With regard to the second clause, I must say there is something not explicable in the mode of its extension along the great commercial thoroughfares, unless we adopt the idea of infection; but notwithstanding this difficulty, there are facts of a different description, sufficient in my

<sup>a</sup> Sunday.

† Light clouds.

mind to warrant the opinion of its propagation having been in some other mode than by infection. It may be said the peculiar circumstances of the emigrants can account for this—their sufferings during the voyage, fatigue, want of cleanliness, deficient nourishment, &c. ; yet, notwithstanding, there is no sufficient explanation why the disease in Canada, at least, (along the routes,) only made its appearance after the arrival of emigrants from infected places, unless we adopt the opinion of its being communicable by infection. Thinking the facts on the other side far more conclusive, I leave the subject without attempting to solve the problem. There is, however, another mode in which to view the subject, and which your query bears upon. Is cholera ever communicable from one individual to another in the manner of typhus? Here, I must confess, I have seen reason to alter the opinion which I originally held, and which was founded on the writings of European authors. I was at first firmly persuaded that in no case could the occurrence of cholera in one individual, residing in a certain locality, prove a cause of its accession in another; and that if that second individual should be attacked, the cause would require to be looked for in the circumstances of his locality, independent of the occurrence of the previous case, except so far as moral causes might prove operative. Having had occasion to see frequent instances of two, three, or frequently several individuals being attacked in the same house, and not simultaneously, but successively, as they became exposed to the apparent action of morbid matter, about the sick, I have felt myself obliged to give up my former opinion; and I now believe that under the circumstances in which typhus and other infectious disorders become virulent, cholera will assume an infectious character; and the arguments that would tend to oppose the doctrine, would go, I conceive, an equal length in opposition to that of the infectious nature of typhus. The opinion which I have hazarded above, I know, is not new. I have, however, adopted it from personal observation, and I have found several of my professional friends brought to similar conclusions.

'The last clause of this query refers to the common sentiment of physicians on the subject of its contagiousness. Here there is the same diversity of opinion as in other places: some physicians altogether deny its contagion; others regard it as eminently contagious; and a third set, among whom I must rank myself, consider it as generally devoid of infectious power, but subject, under circumstances favorable to it, to acquire that power.'

Soon after writing the preceding remarks, Dr. Holmes received from C. S. Forbes, Esq., Assistant Deputy Commissary General, and President of the Montreal Citizen's Sanitary Committee, a statement that cholera appeared at Grenville, on the Ottawa, before the arrival of any emigrants. He says, 'Its first appearance at Grenville was amongst raftsmen, coming down the Ottawa from above Bytown, and out of the small rivers communicating with the Ottawa below Bytown; amongst whom, and emigrants, no connection could have existed. Many of the sufferers died upon the rafts before they reached Grenville.'

QUERY IV.—Was the cholera preceded by premonitory symptoms, and what were their character and duration?

ANSWER.—‘In the great majority of instances, premonitory symptoms appeared, and perhaps very few cases occurred in which they might not have been detected by close observation. The symptoms which appeared premonitory of an attack were various. A very common form was a sudden feeling of faintness, or sense of depression about the præcordia, or anxiety, attended frequently with coldness of the extremities. Another common feeling was a sensation of stricture in the epigastric region; sometimes with, sometimes without pain. Now and then attacks commenced by cramps in the extremities. Various uneasy feelings in the bowels announced, in other cases, an attack, as sense of fullness, borborygmi, feeling as if of diarrhoea supervening, slight pains, &c.—these generally resulting in some looseness of the bowels. A sense of sickness and vomiting were sometimes the first symptoms; but by far the most common precursor of an attack of cholera, was diarrhoea. When attacks occurred without previous warning, they might generally be traced to some imprudence on the part of the patient, producing disturbance of the digestive organs.

‘In regard to what may be considered really premonitory symptoms of cholera, it deserves consideration, that during the prevalence of the epidemic a variety of anomalous symptoms arise from nervous agitation and fear of the complaint; and some discrimination is required to ascertain whether certain feelings are really part of the disease, for premonitory symptoms must certainly be looked upon as the incipient disease itself.’

Dr. Holmes then very justly adverts to a prevailing error of regarding every affection of the digestive organs, during the epidemic, as premonitory of cholera, or as constituting that disease in its incipient state; but misapprehends the import of some of my own remarks, in my published letter on the subject of ‘Premonitory symptoms.’ As my opinion, however, is distinctly explained in the letters which were subsequently published, I will now only say, that I never considered any combination of symptoms, in what I regard the local stage of the disease, as indicating conclusively an approaching development of the constitutional affection. Still, the particular combinations to which I specifically alluded, were so frequently antecedent, that when they did exist in that relation I had little doubt of a common predisposing cause in many instances; but that in all cases the disease was ‘local till the general development, and that the premonitory symptoms were rather the exciting cause, than an integral part of the constitutional affection.’ Very many, if not all, of the symptoms which I denominated ‘premonitory’ in compliance with common usage, were often found, as at all other times, to occur without any connection with a predisposition to cholera; yet when existing in the combinations which I indicated, they rarely failed, when neglected, to become the exciting cause of the malignant disease.

QUERY V.—What was your treatment of premonitory symptoms, and were they soon subdued?

To this inquiry Dr. Holmes replies that his treatment was determined by the nature of the symptoms—restraining diarrhoea by moderate quantities of opium, more or less modified by small quantities of ipecac., calomel, camphor, or aromatic spirit of ammonia, and subsequently exhibiting either castor oil, epsom salts, or tart. potass and rhubarb.



In reply to the latter clause of the query, he says that 'in nearly all cases, the means indicated were sufficient to remove the symptoms in a very short time.'

QUERY VI.—What were the usual symptoms that distinguished the stage of asphyxia or collapse?

ANSWER.—'Coldness, more or less marked, of the extremities especially, and frequently of the whole surface; often, though not always, accompanied by a clammy and copious exudation; the tongue is cold, and the breath also becomes so; a blueish tinge more or less deep of the skin, sometimes confined to the extremities (especially affecting the nails and fingers) and the palpebræ, sometimes diffused over the whole surface. A shriveling of the skin, of the fingers, hands and feet, caused by a shrinking of the parts subjacent, by which the skin falls into folds or becomes loose, as in a limb macerated for some time. A remarkable sinking of the eyes, probably from the same cause, and which, attended by the dark areola around them, gives an expression to the countenance at once announcing the disease. Pulse small, weak, and scarcely perceptible; though commonly something like an undulatory vibration, even at the wrist, can be perceived, till near the approach of death. When sufficiently distinct, it was too rapid to be counted, and has been frequently made above 160 in the minute. The respiration is often not at all affected; at other times is oppressed, obliging the patient to relieve himself by long-drawn inspirations, and causing him to complain of an indescribable and agonizing feeling within the chest. It is this feeling which apparently gives rise to another marked symptom of the second stage, and one of the most certainly mortal signs, a constant jactitation or change of posture, even when the head becomes so much affected as to divest the sufferer of apparent consciousness.

'The head is frequently scarcely at all affected, no headache, and no aberration of intellect; at other times, stupor and lethargy, often proceeding to complete coma. No urine is secreted; often no desire of micturition is expressed, but frequently a feeling like strangury is perceived.

'Such are the principal symptoms of the stage of collapse, as I have seen them in Montreal. These vary however considerably in degree; in some fatal cases the degree of coldness is by no means great, and it is not uncommon to find an apparent effort to rally previous to death, the hands and extremities becoming warmer. The degree of blueness varies very much, from a slight tinge perceptible only under the nails, to a deep purple affecting not only the fingers, but coloring every feature, and giving an appearance which I cannot better describe than by comparing it to a sketch taken on a white surface by a crayon of indigo. It frequently happened that the patient, instead of becoming more blue as he approached his end, absolutely recovered in a great measure his natural color, and the blueness did by no means remain always after death, as might have been expected. When the collapse set in, the more violent symptoms commonly abated, and a patient would lie for hours without vomiting or purging or cramps, giving fallacious hopes to his friends.'

QUERY VII.—Did the subjects of asphyxiated cholera manifest an indifference to their condition, and did this indifference exist during the

premonitory stages? How also was the mind affected during the advanced stages of the disease?

The experience of Dr. Holmes in regard to the apathy of the patient did not correspond with ours in New York, and with that of physicians generally. He found the subjects of this disease 'ready to grasp at everything that promised a chance of safety.' The latter inquiry is answered in his reply to Query VI.

QUERY VIII.—What treatment did you find most useful after asphyxia had supervened?

ANSWER.—'I refer you to the reply to Query X.'

QUERY IX.—What proportion do you believe may have recovered after the stage of asphyxia had become fully developed?

ANSWER.—'The proportion of recoveries from the second stage I cannot fix accurately. Much will depend in such averages on the symptoms which are allowed to characterize this stage. If by the second stage, or of collapse, is meant only that condition in which the patient is quite cold and blueish in his extremities, pulseless, with shriveled and clammy skin and sunken eyes, very few indeed have I seen rally from it. Some cases undoubtedly have. If cases not quite so far gone are included under this second stage, the recoveries will be proportionably more numerous; and as it is difficult to fix a line, where the patient may be said to have fallen into this stage, the proportion will vary according to the idea of the practitioner.'

QUERY X.—What benefit has arisen from the transfusion of salt and water?—what from bloodletting?—what from calomel?—what from opium?—what from camphor?—and what from internal stimulants after asphyxia?

ANSWER.—'Regarding these questions as having reference only to the stage of collapse, I would refer you to the enclosed statement published by Dr. Stevenson and myself in relation to the effects of transfusion. Of the six patients therein enumerated, five died. The most interesting of these cases, Mrs. T., lived eight days, but finally expired with symptoms of oppressed brain. Subsequent experience in six or seven more cases has not proved the method beneficial, notwithstanding the astonishing effects produced by it in the first instance. None of these cases survived many hours; and out of the twelve or thirteen cases, in which I was concerned, but one is now alive. Transfusion has been tried by other practitioners in this city, with the same wonderful appearances of amendment, but the same fatal termination in all the cases. I have understood that similar results attended its use in Quebec.'

'*Bloodletting.*—In the stage of collapse I found venesection neither to do good nor harm, for the simple reason that no blood, or a very small quantity, could be obtained. In the cases in which I tried it where collapse was only setting in, I invariably found it hurtful, and consider it beneficial only where the circulation is still sufficiently vigorous to allow the blood to flow with some force. Whenever the pulse has begun to flag, I think it does harm; and this is generally the case, when choleric diarrhoea has continued some time. I recollect one case of diarrhoea without pain, stools extremely frequent and of a watery color, in which I bled largely, and the patient recovered; though whether other reas-

dies were applied I cannot be sure, as the patient did not return. The blood exhibited in this case as decided a buffy coat as in pleurisy. The cases of cholera in which I have found bloodletting of most utility, were those in which the incursion of the disease was marked with violent cramps or spasms about the præcordia and stomach, and where the patient was seen within a short time after the attack.

*Calomel* I have tried throughout the whole epidemic ; but it was not till after some time, and after I had seen the inutility of other modes, that I came to place my chief reliance on this remedy. I was led to employ calomel nearly to the exclusion of all other remedies, from experience of its benefit in children affected with cholera, in whom, under the use of stimulants, I had been uniformly unsuccessful. From this want of success, I was induced to revert to the practice I have followed for several years in infantile cholera—that of giving this medicine in moderate doses, frequently repeated ; and finding it of utility, I finally omitted all other means, and increased the doses considerably. From the almost uniform success of this plan in children, when not applied too late, I extended it to adults, and abandoning all fear of its effects in increasing the alvine discharges, I have administered it in large and repeated doses without any corrector. The largest quantity I have given in any one case was three drachms and a half in twenty-four hours ; a portion of which, however, was rejected from the stomach. This patient, though not collapsed, yet from his advanced age of seventy-eight years, was considered as past all hope. He has, however, recovered, and the mercurial affection of the mouth has been very trifling.

*Opium.*—In collapsed cases I have seen no good effect from this remedy ; and though I have frequently given it in small doses to correct the purgative action of calomel, I have become more and more averse to its employment at such times. In more recent cases, to control the vomiting, it may be usefully employed ; and as an injection with starch, it may be employed to moderate the diarrhœa, but is only an auxiliary to more efficient means.

*Camphor.*—Of this medicine I have made no trial.

*Stimulants.*—Dr. H. employed the most active of this class of remedies at the irruption of the epidemic ; but from their constant failure, and other opportunities of knowledge, he was led to abandon them. In regard to charcoal, which acquired so much celebrity in Canada, Dr. H. supposes, from his observation of its effects, that Nature was wholly entitled to the credit.

QUERY XI.—What do you consider the proximate cause or nature of the disease ?

ANSWER.—‘ As my ideas on this point are either borrowed, or entirely hypothetical, I shall not attempt to answer the question.’

QUERY XII.—What were the most common exciting causes ? What do you think of the expediency of eating garden vegetables and ripe fruits during the prevalence of the epidemic ?

ANSWER.—‘ The exciting causes were all those which produced derangement of the digestive organs, more particularly intemperance or excess in eating. Any other cause producing diarrhœa, as cold, suppressed perspiration, or affection of mind, was also an exciting cause.

As to the expediency of eating or abstaining from vegetables or ripe fruits, much must depend on the state of the digestive organs in the individual. As a general rule, I believe it would be right to abstain from them on account of their liability to fermentation, and the consequent production of acidity, flatulence, and other effects of indigestion. Where, however, the digestive organs are in good order, and not previously weakened by excess or former derangement, a moderate use of these articles I should not believe productive of evil.

QUERY XIII.—How far do you think that local exhalations from filth or other sources, contribute to the intensity of the epidemic poison?

ANSWER.—The effects of locality in augmenting the deadly effects of the atmospheric influence, have been strongly exemplified in numerous situations. Certain houses have through the whole epidemic been noted for the continual recurrence of cases. A very strong proof of this kind occurred among the troops in garrison in this city. The soldiers were early attacked, and a large number died. Dr. Stewart, the senior medical officer, recommended the removal of the troops out of barracks into tents, pitched on the island of St. Helen's, a fine airy situation opposite the town. No case afterwards occurred for many weeks, and the soldier then attacked had come over to town and became intoxicated. The artillery soldiers, previously stationed on the island, remained free from the disease during the time it raged among the troops of the line in Montreal; and when the latter were removed to the same island, the precautionary measure of keeping the two descriptions of force entirely separate was adopted. No artillery man was allowed to go over to town, except on necessary duties. In consequence, apparently, of these regulations, the artillery remained free from cholera; and only one case occurred among the whole force, in a man, who, without permission, came over, and is known to have visited a house in which a cholera patient was lying ill, and in which also four deaths occurred. He also became intoxicated before he returned to the island. He was confined for his misbehavior, and the next attacked with cholera and died. Before the troops were removed to the island, the women and children had been sent to the barracks at Laprairie. Several fatal cases having there taken place, they were brought down to St. Helen's, and the disease soon disappeared from among them. I have been favored by Dr. Stewart with an interesting detail of the circumstances in a letter, a copy of which I transmit.

The following fact is of importance in connection with this subject, and bears an analogy to some similar ones that have been published in descriptions of the cholera of India. It is contained in a letter from Charles J. Forbes, Esq., and the following are his own words: "A singular feature presented itself at St. Andrew's, where the mortality was proportionably great with any part of Canada; viz. that all the deaths occurred on the west, and not one on the east side of the North River, notwithstanding that the one is equally populous with the other."

*Dr. Stewart's Letter to Dr. Holmes.*

MY DEAR SIR,—The following memorandum contains some of the leading facts relating to cholera in the garrison here. The disease appeared in the barracks in Montreal on the 12th of June. I arrived at

the Hospital about 9 o'clock, A. M. on the 18th. Up to this time the admissions amounted to 75 soldiers, 2 civilians of the ordnance, 7 women and 2 children—in all, 86 (the admissions during the 48 hours preceding, amounting to 40).

Various reasons, not now to be stated, led to an immediate determination to remove the troops from the barracks in Montreal, and encampment on the island of St. Helen's was finally resolved on. The movement was effected on the 19th, during which day, principally before or while the change was taking place, nine cases were admitted. On the 20th of June, one case, and no other until the arrival of the detachment from Laprairie. This detachment, including all the women and children, had been sent there before my arrival, and about the 14th, in order to relieve the barracks. There being no medical officer there, the detachment was placed under the care of a civil practitioner. The prevailing malady appeared among them; ten men and three women were reported to have been seized, and eight men and one woman died in a few days. Immediate measures were taken for their removal to St. Helen's, and they were formed into a separate camp (in which they continued) on the 24th of June. From this camp a woman was admitted on the 28th of June, a private on the 4th of July, and a second woman on the 6th of July. From that time, up to the present date, the actual and confirmed seizures admitted from the island have only been three, viz. one gunner, royal artillery, one corporal, and one private of the twenty-fourth regiment. The first of these, a man of rather weak intellect and dissipated habits, made his escape during the night in a canoe from the island to Montreal, where he was found next morning, by some of the men of his company, in a state of intoxication. For this offence, he was put into the guard-house. Symptoms of cholera soon appeared—the attack was immediately reported—collapse set in rapidly, and he died in about six hours.

The second, a corporal, a man of excellent character, and a fine soldier, was seized with premonitory symptoms while on guard in the city of Montreal. These, from mistaken views, he unfortunately concealed or neglected for between thirty-six and forty-eight hours. He died on the third day.

The third case, a wealthy man, and subject to bowel complaints, had also been on guard in town, the day before he was attacked. The premonitory symptoms had been of some standing; the choleric symptoms proved obstinate, particularly the discharges by stool. They were at length removed; but a low febrile state followed, from which it was extremely doubtful whether he would recover for the space of twenty days.

The gunner above mentioned was the only man, of a company of the royal artillery stationed in barracks on the island of St. Helen's, attacked with cholera. Non-intercourse was observed as far as possible between this company and the town, as also between it and the troops encamped on the island during the greater part of the time. As far as the necessary duties to be performed by guard in the city, and the procuring of supplies, would admit of, the intercourse was likewise restricted between the people in the camp and Montreal.

The number of persons belonging to the garrison (men, women and

children), treated at Montreal from 12th June to 26th September, would appear by the returns to be 106—deaths, 39. Of these, 85 took place between the 12th and 24th June. In this statement neither the attacks or casualties which occurred at out ports are included, nor are incipient or premonitory symptoms noticed; many cases of diarrhoea, with or without vomiting, and spasms, having been treated during the prevalence of the epidemic, not a few of which there is reason to believe would have terminated in confirmed cholera.

Faithfully yours,

ART. STEWART.

**QUERY XIV.**—Was convalescence slowly progressive when patients were recovered from advanced stages of the disease, and were they liable to relapses?

**ANSWER.**—Convalescence, so far as my own observation extended, was always slow. Patients passed into a state resembling typhus, but still sufficiently distinct. The choleric appearance and symptoms seldom disappeared at once, but the hands would often remain cold for several days, the upturning of the eyes would continue, with more or less tendency to coma; the stomach would remain irritable; thirst considerable; the sunken and dark appearance of the eyes would remain for many days, and I have recognized a cholera case eight days and even longer after the patient had been removed from the cholera hospital, into the hospital for typhus patients. The disease succeeding cholera, though typhoid, is by no means the same with common typhus. The tongue indeed becomes dry and brown, but it is not the dry, hard, and cracked tongue of typhus; the pulse is slower and surface cooler; the affection of the head is less marked. The patient indeed often lies in a drowsy stupor, with his eyes half closed, and balls turned upwards, with more or less wandering of the mind, but is sensible till coma comes on previous to dissolution. The time occupied in convalescence varied from one to two or three weeks, and generally much debility remained for some time longer. I have not met with any patients who relapsed from the typhoid state into cholera. When the disease proved fatal, it was generally with symptoms of affection of the brain, becoming at last perfect coma. Cholera, however, will certainly attack a patient several times, and even severely. A smart attack, therefore, does not secure the patient from subsequent ones.

**QUERY XV.**—Were congestion and inflammation of the brain frequent sequels of the disease, and what other consecutive diseases did you most frequently observe, and what your treatment of the secondary affections?

**ANSWER.**—I refer you, as far as regards this head, to the answer to the last query; affections of the bronchiae sometimes supervened, marked by cough. Oppression and inflammatory affection of the bowels, denoted by pain on pressure, was not unfrequent. The treatment consisted chiefly in calomel and purgatives, saline or oily; blisters to relieve pain or stupor; sinapisms occasionally; camphor and opium, with saline diaphoretics. Calomel, carried to the extent of slight salivation, was always serviceable.

**QUERY XVI.**—What proportion of the subjects of cholera were in-temperate?



ANSWER.—‘This query I cannot answer directly. It accords with my belief, however, that a large majority was addicted to the inordinate use of alcoholic liquors. It has been stated, on the best authority, that out of 108 persons composing the Young Men’s Temperance Society in this city, three only had been fatally affected by cholera ; a proportion far inferior to that of the community in general.

‘From the Secretary of the Montreal Temperance Society I have procured the following information. In this Society 207 members remained in the city, of whom only one had died of cholera ; another had been attacked, but recovered. Three, who had ceased to be members in consequence of violating the Constitution, had all died ; three others had died during the time, one of consumption—one of a wound received on board of a steamboat—and one of a fall down stairs, by which his spine was injured. Some others had premonitory symptoms, and some badly, but not decided cholera. In addition, a considerable number of new members had been added, all of whom were here during the malady ; making a total of at least 250, out of whom but the deaths above stated had taken place.’—The Society is much more numerous, but only those are included in the above statement who remained exposed in the city or elsewhere during the epidemic.

‘There is also a Total Abstinence Society in this city (from all vinous and fermented liquors), amounting in number to 70 persons ; not one of whom has been attacked by cholera.’

QUERY XVII.—Were those enfeebled by disease, whose habits were prudent, more frequently the subjects of cholera than the robust ?

ANSWER.—‘It does not appear to me that those in delicate health, and who used the additional precautions rendered necessary by this state, were more liable to the disease than the robust. From this delicacy it would necessarily follow, however, that greater precautions were required in the former than in the latter.’

QUERY XVIII.—Were the greater proportion of patients male or female ? and were young children affected ?

ANSWER.—‘Perhaps a greater number of males was attacked, though it does not appear to me there was a very great disparity. Children of all ages were affected. In the younger ones, cramps were scarcely ever present.’

QUERY XIX.—Have you remarked that the disease has been influenced by changes in the weather, or variations of temperature ?

ANSWER.—‘I have not been able satisfactorily to make out a connection between such changes, and the increase or diminution in the number of persons attacked. It is, however, certain, that after the disease had abated so much in this city as to produce sanguine hopes of its being about to leave us, the cases a second time increased to a large amount ; and this increase took place after a severe storm, followed by wet weather.

‘In confirmation of this, I add that the storm alluded to, which was attended with much thunder and lightning, took place on Sunday evening, July 29th, and the following are the reports of the deaths by the Board of Health, for the days immediately previous and subsequent to it.\*

\* This fact affords another instance of the error of public opinion, that thunder storms are followed by a decline of the pestilence.



*History of the Cholera at Montreal.*

Deaths from 25th to 26th, at 8, P. M.	15
27th, - - - - -	18
28th, - - - - -	23
29th, - - - - -	10
30th, - - - - -	12
31st, - - - - -	14
August 1st, - - - - -	27
2nd, - - - - -	25

**QUERY XX.**—What number of deaths has occurred at Montreal from cholera asphyxia?

**ANSWER.**—In reply I send you an extract from the Reports of the Board of Health, which gives the number of cases reported, and of burials of cholera during the epidemic. The largest amount of burials occurred on June 19th, when no less than 149 interments took place.

*Digest of Reports issued by the Board of Health of Montreal, arranged by weeks, ending on Saturdays, inclusive, at 8, P. M.*

Week ending	Cases.	Deaths.	Total cases.	Total deaths.
June 16			1709	261
28	1580	632	3289	893
30	234	166	3523	1059
July 7	124	94	3647	1153
14	75	61	3722	1214
21	96	70	3818	1284
28	160	131	3978	1415
August 4	180	136	4158	1551
11	88	101	4246	1652
18	54	79	4300	1731
25	48	68	4348	1799
September 1	37	54	4385	1853
8	10	32	4395	1885
15	15	13	4410	1898
21	10	6	4420	1904

‘Likewise a statement published in the newspaper called *L’ami du Peuple*, and which may be considered very correct. In the Catholic burying ground, from the 13th of June to the 13th of September, there have been interred—

	Canadians.	Europeans.	Total.
Males	400	307	707
Females	330	252	582
Infants under 7	316	252	568
Unknown			28
			1835

In the Protestant ground, from the 11th of June to the 15th of September, of cholera - - - 617

Of other diseases - - - 538—1155

At the plains of St. Anne, all Europeans (most of them Catholics), and all of cholera - - 72

Grand total of burials - - 3063

N. B. To Oct. 1, the total in Catholic ground was 3042.

'I would call your attention, in reference to the mortality in Montreal, to the remarks contained in my reply to your fourth query, in which I have stated that from the alarm that existed during the first days, many cases had been reported as cholera, which never would have become so, even had they been let alone. The total number of cases reported in the first week, I sincerely believe to have been greatly exaggerated from this cause, and from the want of discrimination in not distinguishing real cholera from symptoms purely the effect of agitation and fear. That I am not wrong in this assumption, will appear evident to you by inspecting the table of cases and deaths. During the first week, the deaths were only 261 to 1709 cases, or between one-sixth and one-seventh. During the second, there were 632 deaths to 1580 cases, or between one-half and one-third; and the deaths subsequently always bore a very large proportion to the cases reported, and frequently exceeded them. With this deduction, which I conceive perfectly justifiable, from the total number of cases, the amount of deaths from cholera will approach the frightful sum of nearly every second person attacked. In mitigation, however, it will be necessary to bear in mind that a large number of cases were not reported at all, being abandoned to Nature alone, or seen only by irregular practitioners who did not dare to report. It is impossible to arrive at more than an approach to accuracy, in giving a statement of the number attacked and of the mortality; nor can even the registers of the interments be depended on, for many cases would from the ignorance of the attendants be deemed cholera which were not; and moreover as coffins were furnished gratis to the poor, who died of the disease, this produced a motive to falsify the nature of the disease, which must have been of considerable force among a moneyless set of people. On the other hand, as the regulations of the Board of Health, and of the Catholic Clergy, forbade the keeping of bodies dead of cholera beyond a few hours, and denied them admission into the churches for the purpose of having the regular services for the dead performed over them, this was a strong motive with affectionate friends to assert the non-existence of cholera in any particular individual; added to which, a certain dislike to have it supposed that a friend had taken the cholera, was very evident.

'Whether these different motives were sufficient to counterbalance each other, cannot be known, and there must always remain a degree of doubt as to the accuracy of the statements promulgated of the number of cases and of deaths from cholera.

'The last census (of 1831) gave as the population of Montreal city, 27,297; parish, 31,783. To these must be added the emigrants forced to sojourn among us for many weeks, the number of whom can be only conjectural.'

Some other interesting details are contained in Dr. Holmes's reply to my inquiries; but it is not improbable that the limits of your Journal may oblige you to exclude a part of what I have here communicated.

Respectfully yours,

MARTIN PAINE.

New York, Feb. 11, 1833.

## TEMPERATURE OF CHOLERA PATIENTS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Just as I had finished the accompanying communication on the cholera of Montreal, I noticed an inquiry by one of your correspondents, in your paper of the 6th inst., in relation to the actual temperature of cholera patients. He says, 'upon this point, I have not seen a single publication, either foreign or domestic.'

During the prevalence of the disease in this city, I carefully examined the temperature of a very great number of its subjects in every stage of the disease, and the general results may be found in my 'Letters on the Cholera of New York.' The lowest temperature which occurred to my observation is there stated, and it only existed in connection with the most malignant symptoms. Very respectfully, MARTYN PAINE.

*New York, Feb. 12, 1833.*

## ADDITIONAL REMARKS ON CROUP.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I must crave your indulgence for a few further remarks upon croup.

When this disease proves fatal, among the physicians who know how to treat it with *acid emetics, and calomel and opium*, I believe the mortality is generally occasioned, either by the timidity of the practitioner, or by the false tenderness of the nurse. In many cases, and those not necessarily of the worst kind, the insusceptibility of the system to the action of ordinary remedies, in ordinary doses and frequency, is almost incredible. It will frequently take five or ten times the quantity of an emetic, to produce full vomiting in a child of a year or two old, that would be demanded to cause the same effect in an adult. The same is the fact, sometimes, with respect to the administration of calomel. In urgent cases, it also applies, in a degree, to opium. Unless these remedies are employed much more efficiently, and are pursued much more perseveringly, than is admissible, or perhaps than is safe, in many other complaints, the prospect of success is small; they are liable to make no permanent impression on the disease.

It has been frequently stated, and it cannot be too often repeated or too strongly enforced, that in such violent and rapid cases, *the timid practitioner is usually much more afraid of his remedies, than of the disease, or of death itself.* Much greater energy and decision are demanded than ordinary complaints require. While he is hesitating, and tampering with inefficient remedies, or even with proper articles in feeble doses, or at too long intervals, the malady, which by energetic treatment might have been readily subdued, soon acquires an uncontrollable ascendancy. Or, if he has made a single powerful impression, *he does not persevere in following up his success*, but lessens or abstracts his medicine, till all the symptoms return with redoubled vigor.

If the physician is thus liable to be deficient in decision and energy, surely he cannot expect sufficient firmness in the mother or nurse to exe-

cute his orders, unless he remains by the patient, and encourages the family by his assistance and example. Indeed, he cannot leave the case and trust the administration of the remedies to others, till he has made a sensible impression on the disease, and essentially mitigated its violence. Some children are so passive, as to take anything without difficulty; but, in many other instances, everything in the shape of medicine is refused. In these cases, there is no ceremony to be used—life is at stake; the nose must be held till the mouth is open to take breath, and then the remedy is to be resolutely poured down. By such decision, the child will generally soon learn that resistance is in vain, and the medicine is then administered without further difficulty.

Croup appears to consist in an inflammation *sui generis* of the mucous membrane of the trachea and the adjacent parts. This inflammation seems to be neither phlegmonous nor erysipelatous; nor is it necessarily tonic or atonic. It is of a peculiar kind, which is best counteracted and removed by pungent, sub-acrid, emetics, and other articles which have an alterative or deobstruent effect, which tend to change the morbid action or condition of the parts, while they neither materially stimulate nor reduce the general system. At the same time, they are essentially assisted by opium, in allaying the irritation and preventing spasm. Opium also is found to be a most valuable supporting agent, when given in regular doses at uniform intervals, in just such quantities as to produce a moderate effect. It is peculiarly adapted to answer as an important adjuvant in some stage or other of almost every disease of the mucous membrane, by its antirritant powers. It is this property which makes it so indispensable in most severe coughs, diarrhoeas, and dysenteries. It is still more strikingly indicated in croup.

When treating of a particular disease, we generally state the symptoms and the practice of the severe cases, taking it for granted that it is easy to adjust the principles to the milder forms. There is certainly a very considerable variety in the degree of severity of croup, in different persons, seasons, and places; but the outline of the best treatment, I conceive, is everywhere the same. It is *deobstruent* and *antispasmodic*. We do not vomit to remove morbid matter, nor do we give mercury to purge it away. Neither much reduction, nor very vigorous support, is usually necessary. The remedial effects of emetics and calomel are the result of the change of the morbid action or condition. Even the removal of the *glairy mucus*, though it is commonly followed by immediate relief, I consider as rather the *test*, than the *cause*, of the beneficial change.

You will please to recollect, Mr. Editor, that I am stating the result of my own observation and experience, and that of many of my friends. I do not presume to suppose that there are not many other methods of practice, which are tolerably successful. Much also depends on the tact of the practitioner, and the dexterity with which he executes his own plan. In my practice, the success of the general treatment which I have recommended has been so decided, the recoveries have been so frequent and so complete, without leaving the constitution of the patient in any unpleasant condition, that I have, hitherto, thought it unnecessary to seek for further improvement. I am not, however, so strenuous, but that I

shall readily adopt any addition, correction, or simplification, which may promise an essential amendment.

During the last twenty years, in my personal observation, I had been in the habit of seeing croup so readily managed, by bloodroot, senega, calomel and opium, that I thought the practice had become general through our country. But, from the remarks which I have seen for two or three years past in the Journals, and the air of novelty with which the foreign recommendation of opium has been viewed, I am led to think that no successful mode of practice has as yet been very extensively adopted, and that the croup still continues to be, among a large body of our profession, as unmanageable as it was in this State thirty years ago. If this is really the case, it is only one among the innumerable instances of the slow progress of actual improvement in the healing art. As respects our own country, it shows how very reluctant many of the faculty are to adopt the improvements of their medical brethren, before they find them sanctioned by transatlantic authority.

SENEX.

Connecticut, March, 1833.

#### CASE OF UTERINE TUMOR—REMOVED BY OPERATION.

[Communicated for the Boston Medical and Surgical Journal.]

APRIL 17, 1831, I was called to see Mrs. L. Found her six or seven months advanced in her fourth pregnancy; having been attacked two or three times within ten days with uterine hemorrhage, that had every appearance of having its origin from presentation of the placenta. Prescribed styptics, quietude, and recumbent posture. Notwithstanding every exertion, sudden and fresh attacks recurred, at intervals of a few days, till labor came on, July 4th, when the regular increase of uterine action and corresponding progress of her travail, led me to hope that delivery would soon rid her of her troubles at once. As the os tincæ dilated, the edge of the placenta was readily felt anteriorly on the right side. When the parts were fully dilated, fearing the recurrence of hemorrhage, a dose of the secale cornutum was given, that had the desired effect, bringing the case to a speedy and favorable termination. I left her comfortable as usual, and she had a good getting up for two or three weeks, when she had a uterine discharge that much resembled a lunar period, which gave her little or no alarm. After a few days the hemorrhage returned, and continued at irregular intervals, with constant leucorrhœa, notwithstanding the active use of tonics and styptics.

Local difficulty, in addition to debility of the parts, being evident, I proposed an examination. The patient declined, as she thought it impossible for any organic derangement to exist without her knowledge. The symptoms continued, with little or no alteration, save a gradual loss of the patient's strength, till the 10th of November, when she consented to an examination per vaginam. The os tincæ was dilated to the size of a crown piece, and completely filled with a soft, spongy, organized substance, that was easily ruptured, which rupture produced copious hemorrhage. Its edge was thickened anteriorly to three times its natural state, and posteriorly to twice.

November 12th, a second examination was made by my much respected friend J. French, M.D., when the tumor or substance was more inclined to protrude than at the first examination.

14th, a fetid discharge per vagina commenced.

17th.—Discharge continued, with occasional hæmorrhage.

20th.—No material alteration ; and, uterine stimulants having failed to force the tumor from the uterus, and the patient's strength failing rapidly, it was determined to remove it if possible.

21st.—Proceeded, in presence of council, to remove ; found it firmly attached to the cervix uteri, and of a very hard fleshy consistence next to the organ, whilst that which occupied the middle of the organ was of a soft, fungous nature, and was easily removed by the finger, leaving a small opening into the fundus. The remaining part could not be separated from the uterus as a distinct substance ; still, as it was not supplied with nerves, the greater part was torn off by the finger nail. It appeared of a fleshy, glandular texture. The tampon easily restrained all flowing, and the patient suffered less than was expected.

28th.—Found the edges of the os tincæ less thickened, and the remnant of the tumor apparently sloughing away ; the discharges fetid to the full satisfaction of the olfactories ; appetite and strength flattering. Prescribed iodine.

Dec. 5th.—Sloughing continued ; the mouth of the uterus empty (so to speak), but no contraction ; the urinary bladder much distended ; little urine voided, and that with pain ; diuretics gave relief ; directed injections of acetate lead or tepid water to cleanse the parts.

7th.—Strangury troublesome, with sudden stopping of the stream. Passed the catheter ; found little urine, say half a pint ; diuretics required constantly, with anodyne at night, as much pain attended through the pelvic viscera.

12th.—It was thought, in council, that the patient's strength might hold out till the tumor was all digested away. Gave stimulating injections to aid the discharge ; pain increased.

19th.—The discharges continued very fetid ; tumor diminished, but the uterus did not contract ; its edges and sides, as far as could be felt, assuming a firm, horny feeling. The injections of zinci sulphas, or cor. subli., although weak, irritate ; pain increases.

26th.—Appetite less craving ; discharges dark colored ; pain constant, and bearing down ; os tincæ remains open, with hard and uneven edges, as in scirrhus.

Jan. 15th.—Since the last examination the patient has discontinued all medicine except opium, and an occasional diuretic to mitigate the symptoms of strangury, as she received no relief nor hope of recovery. On examination to-day, uterus not more than an inch within the os externum ; os tincæ somewhat contracted, or rather pressed together by the surrounding parts ; cavity of the uterus filling up with the tumor ; appetite poor ; strength failing ; constant bearing-down pain, and life rendered tolerable only by laudanum, of which six teaspoonfulls are taken every 24 hours.

From this time till the patient's dissolution, no examination was made. Strength continued to fail gradually. Exacerbations of painful distress

daily, with total loss of appetite, marked her wretched existence till the 29th of March, when death closed the scene; she having taken little or no nourishment the last thirty or forty days of her existence.

*Post-mortem Examination 36 hours after Death.*—On opening the abdomen, the general appearance of congestion was evident. The lower flexure of the colon adhered to the bladder, and these to the fundus uteri, so firmly that they could not be separated without the scalpel; in doing which, an abscess was opened between the right kidney and the crest of the ileum. On raising the pelvic viscera, they were so completely changed by disease that it was difficult to distinguish the organs one from another. From the os externum, through the vagina, was one mass of fungus, of a fleshy, firm appearance. The os tincæ and cervix uteri seemed to have sloughed off, and their place to be occupied by the excrescence; so that the fundus uteri was the only part of the pelvic viscera that retained the natural appearance, except the rectum. The left ovary was enlarged and indurated. The right seemed to be occupied by the abscess. The left kidney was three times as large as the right, and somewhat firm in its texture. The liver was enlarged to the size of a two quart bottle, and much indurated; gallbladder partly filled with very dark-colored bile;—thoracic viscera pretty natural.

*Lisbon, N. H., March, 1833.*

MOSES HIBBARD, M.D.

#### CASE OF SPINAL IRRITATION.

[Communicated for the Boston Medical and Surgical Journal.]

**THOMAS JAMES**, aged 46, a laboring man, naturally hardy and of good constitution, free from hereditary taint. Five years ago began to be troubled with morbid symptoms of the chest, with pain in the side, disturbed rest, and general debility. These difficulties continued to increase each succeeding year—being occasionally palliated by remedial measures, and again recurring with redoubled force.

In October, 1832, he had a fresh attack of his complaints, attended with a high degree of feverish excitement and great nervous irritability. After the vascular excitement 'wore off,' he was kept in a state of extreme debility and great derangement of the nervous functions. In this state I first saw him, December 18th. His countenance was pallid, moderately emaciated; the pneumonic symptoms much aggravated; no location of the disease in any one part of the lungs, but a general feeling of 'fullness' and great oppression throughout the chest, and difficult respiration; rest very much disturbed; cough slight; expectoration very trifling; pain in the right side constant and distressing, occasionally very severe and lancinating. Digestive functions healthy and natural, except some slight dyspeptic symptoms. As to courage and animal spirits, he was entirely destitute of them—being dejected, discouraged, and despairing of ever recovering his health. His physician had abandoned him to his fate—having exhausted his professional resources, and *virtually* acknowledged himself in the dark. His family connections and neighbors had it settled in their minds that he must soon die.



On making pressure up and down the spine, the sixth and seventh dorsal vertebrae were found exquisitely tender. Recourse was then had to thorough cupping and scarifications in the neighborhood of the diseased part, followed with an extensive vesication directly over the spine. An immediate amendment was the result. The cupping, &c. with the consequent blister, were repeated once in eight days. In four weeks from the commencement, it was thought advisable to substitute setons for the cupping, &c. Accordingly, one was introduced near the diseased vertebrae; another at the origin of the third portion of the serratus magnus of the right side—and the man left to take care of himself.

The convalescence in this case has been steady and uniform, from the commencement of the above treatment to the present time. Then he was entirely confined to his room, and generally to his bed; now he is able to attend to his domestic affairs without inconvenience, except the slight soreness from the setons, which he chooses yet to retain.

In this case no medicines were used internally, save a slightly tonic preparation—reliance being placed almost entirely upon the external 'back-bone' treatment. A nourishing diet was enjoined, and practised during the whole course.

HORACE A. BARROWS, M.D.

Leeds, Me., February 14, 1833.

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#### HEMORRHAGE FROM THE UNIMPREGNATED UTERUS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I remarked, in a communication in your last, that the tampon was stated to be only applicable to certain cases of uterine hemorrhage, and among these was mentioned *hemorrhage from the unimpregnated uterus*. I have always supposed that hemorrhage never occurred under such circumstances, although I do not recollect to have seen the fact stated in any medical work. The question is certainly a very interesting one, and not wanting in importance. Indeed, the character, and therefore the happiness of many an innocent female is liable to be destroyed, if the idea I have always entertained on this subject be incorrect. It is to be hoped, therefore, that you, or some of your readers who are better acquainted with the subject than myself, will afford us some light on it, through the medium of your pages.

Respectfully yours,

Boston, March 4, 1833.

MEDICUS, JR.

[We shall be happy to publish any communications from the faculty on this important subject.—Ed.]

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#### CASE OF PROTRACTED VOMITING.

*Extraordinary Case of Protracted Vomiting, in which Life was sustained for an unusual length of time without Food.* By DANIEL SEXTON, M.D., of New Harmony.

I WAS requested on the 17th of October, 1829, to visit Mrs. L. L., who had been for some time declining in health. For five weeks she had been confined to her bed, vomiting frequently, and unable to

retain any nourishment ; life having been preserved, in the mean time, by the occasional administration of a nutritive enema. She was much emaciated, although the countenance retained considerable vivacity. The pulse was weak, but without much disturbance ; the skin of a natural temperature.

To allay the vomiting, I advised the following combination : Aqua Ammonie, Laudanum,  $\text{aa}$  oz. j. ; Oil of Cinnamon, gtt. viii. Fifteen drops on a lump of loaf sugar to be taken into the mouth and swallowed gradually. For a short time after taking the first dose, she expressed great satisfaction at the relief it produced ; but on visiting her a few hours afterward, she informed me, that like everything else she took, it had been followed by distressing vomiting, and had produced great gastric distress.

Having ascertained from her husband that a few teaspoonfuls of brandy which she had taken some days before, had produced temporary relief, and remained longer upon the stomach than anything else she had taken, I recommended it to be tried in larger quantities ; and in conjunction with it, to rub the spine with laudanum, and apply an opium plaster to the stomach. This plan was adopted, and continued until the morning of the 19th, when it was ascertained that no reliance could be placed upon it.

She was now much worse, mouth dry, tongue covered with dark crust, and the skin warmer than natural, and her life was despaired of by all that saw her. I now proposed to her husband the use of crude mercury, and with his assent gave an ounce of it, apparently with an immediate good effect. A second dose was administered in the course of the day, the good effect of which was not so apparent. The quicksilver came away by stool in minute globules in the course of three or four days.

Several other remedies were tried in the course of this and the following day, everything failing to give more than a temporary relief to the vomiting, and her system still sinking. The Spts. of Turpentine, in doses of a drachm, mixed with mucilage, appeared for a time to relieve her, astonishingly, but soon failed to produce any influence. Supposing her to be dying, at 2 o'clock in the morning of the 21st, I gave her one and a half grains of opium, and left without the expectation of again seeing her alive. However, to my great surprise, on the morning of the next day, she was found to be much better. In the evening she took an enema which brought away dark fetid evacuations, and from this time she began to recover rapidly, and by the 23d considered herself out of danger.

She had now lived for six weeks without food, and her body formed the most complete skeleton that could be conceived consistently with the continuance of life, the limbs appearing to be held together by the ligaments and integuments alone. Her intellectual faculties, however, were unimpaired, and the love of life undiminished.

We now gave her porter, wine, and sago, in small quantities, with, occasionally, a little chicken soup thickened with barley. Upon this diet she continued to recover until the 3d of November. At this time it became necessary to remove her to the house of a neighbor, in con-

sequence of the indisposition of her husband rendering him unable to attend upon her. She was borne upon a litter, supported by four men, when the unusual motion brought on a return of the vomiting, which continued for three days at protracted intervals. At the expiration of this time, in consequence of some imprudence in diet, it returned with great violence, threatening to prostrate her immediately.

Other measures having been ineffectual in relieving her, I resorted to the use of belladonna; one grain divided into four pills, one of which to be taken every six hours. These were continued until five grains were taken, with the effect of keeping the stomach perfectly composed. At the expiration of this time the belladonna began to manifest its constitutional effects upon the system, and was discontinued for 36 hours, when upon some indications of a return of the vomiting, two additional doses were taken, which relieved it entirely.

From this time her recovery was slow and gradual, but uninterrupted. Some difficulty was experienced in restoring a regular condition of the bowels; but by the aid of injections and laxatives this was brought about, and a healthy state of all the secretions established.

About the first of December, after sitting up so long as to produce fatigue, she complained of a disagreeable sensation of pricking over the body, similar to that arising from pressure upon a nerve; and during the two or three days following, this sensation increased to such a degree of intensity in the hands and feet, as occasionally to produce a temporary delirium. It was very much mitigated by the use of cider and water, but for many days it returned about two hours after eating, accompanied with an unpleasant sense of burning. A local application of brandy to the hands and feet gave very great relief.

By spring, her health and strength were perfectly restored, except some inability of using the lower extremities, which gradually yielded to a system of regular exercise.—*West. Med. Journ.*

#### COLD AS A CAUSE OF DISEASE.

*Observations on the Powers and Effects of Cold, as a Cause of Disease, &c.* By Dr. J. CLENDINNING.

[From the London Medico-Chirurgical Review.]

IN our valued and oldest contemporary, the Medical and Physical Journal, Dr. Clendinning has published a monograph on that popular and real cause of multiplied evils—COLD. Every medical practitioner is aware that nine-tenths of the diseases presented to his observation, are attributed by the sufferers to catching 'COLD'—and there must be some, nay, there must be much foundation in truth for so general a persuasion. From the cold wash of our first nurse, to the heats and chills of our juvenile sports, and unavoidable exertions of our riper years, the effects of cold, or rather of atmospherical transitions, thermometrical and hygrometrical, are daily conspicuous to the common as well as to the medical observer. It has been recorded by Dr. Bateman that, during the winter of 1814, which was very severe, the number of patients at the Cary Street Dispensary exceeded by 700 the ordinary average in other years! Dr.

Heberden also records the fact that, in January, 1795, the whole mortality of London was *double* that of the succeeding January. We question if the redoubted cholera of January, 1832, has produced such a tremendous change in the balance of our final accounts with grim Death.

The author of this monograph, a gentleman of highly-cultivated mind and excellent education, general as well as professional, has arranged his observations under six heads—definition of terms—morbific properties of cold—diseases of colds—principal forms of morbid cold—circumstances most favorable to the morbid action of cold—and lastly, the means of preventing diseases of colds. These subjects, so clearly arranged, are scientifically treated, and ingeniously illustrated by Dr. Clendinning. We regret that, from the terse and didactic manner in which the talented author discusses each point, we are quite unable to attempt an analysis of the paper. We are therefore induced to insulate one or two propositions, and give them in the writer's own language, as they will prove interesting in themselves, and afford a fair specimen of the whole performance, which we urgently recommend to the attention of our readers.

**FORMS OF COLD most dangerous.** The principal and most active forms of morbid cold met with in practical life are three; *moist atmospheres, damp clothing, and currents of air.*

Moisture is not of itself injurious to health. Moist warm atmospheres are indifferent to the vigorous, and they are generally favorable to the weakly. *Wet* summers are healthful in this country, provided they are not cold; the summer of 1797 furnishes a very striking proof of this truth. 'From the middle of May it was,' says Heberden, 'one of the wettest ever remembered; it was, nevertheless, in every respect a healthy year.' Not so, however, *wet cold* seasons. Bateman assures us 'that the succession of rains to heat' (i. e. of a cool or cold moisture to warmth) 'is amongst the most active causes of disease of the chest and abdomen,' which are the most destructive complaints in this metropolis. 'A foggy atmosphere,' he again observes, 'acts much more injuriously than a clear (i. e. comparatively dry) of equal cold. Indeed there is,' he assures us, 'no condition of the air so invariably pernicious, so chilling and oppressive to the organs of respiration, as that frequent combination of frost with fog in the metropolis.' Of the truth of the preceding observations of that judicious physician (Bateman), I have had frequent experience amongst the poor inhabitants of Westminster for the last three years, during which I have had considerable opportunities of watching the operation of weather and season.

The danger of inhabiting or sleeping in *damp apartments*, is proved by examples of daily occurrence in private life. The superior morbid activity of a *damp atmosphere*, depends on its superior conductive power. A humid air absorbs free caloric with much greater avidity and rapidity than a dry.

*Damp clothing* is another active and dangerous form of cold. The mischievous energy of wet clothes is so well known, as to require no illustration. The great capacity of evaporating water for the matter of heat, is the cause. The frigorific power of damp clothing may be conceived from this consideration: that the only protection or antagonist

influence that man requires to enable him to defy the summer fires of Sahara or South Carolina, is the power of cutaneous exhalation. Although inhaling and immersed for some time in an atmosphere exceeding very far the temperature of boiling water, the bakers' girls were found, by Reaumur, to have pertinaciously retained their normal heat. After twelve or fifteen minutes' immersion in an atmosphere many degrees above 212 degs., Blagden, Bankes, Dobson, and other experimenters, found their thermometrical heat little differing from that of ordinary health. Such is the frigorific power of perspiration, or, in other words, of evaporation from the surface.

But *currents of air*, perhaps, of all causes of diseases from cold, are the most active and extensively mischievous. *Damp clothes* may be avoided; *foggy atmospheres*, and extremely humid cold winds, are unknown in many seasons and climates: but *currents of air* must be encountered. The atmosphere is constantly in a state of agitation; its intestine and progressive motions, while, on the one hand, they promote our well-being by ventilation, endanger, on the other hand, our health and our existence by their refrigerant operation. The destructive power of exposure to cold winds without adequate protection, is strikingly illustrated by the narrative published by Dr. Currie, in the Philosophical Transactions for 1792. 'Of several individuals that clung to the wreck, two sat on the only part that was not submerged: of the others, all were constantly immersed in the sea, most up to the shoulders; three only perished, two of whom were generally out of the sea, but frequently overwhelmed by the surge, and at other times exposed to heavy showers of sleet and snow, and to a high and piercing wind.' Of these two, one died, after four hours' exposure; the second died three hours later, 'although a strong healthy man of twenty-eight, a native of Scotland, in the flower of life, early inured to cold and hardship, and very vigorous both in mind and body.' The third that perished had been a weakly man. The remaining eleven, who had been more or less completely submerged, were taken from the wreck next day, after 'twenty-three hours' exposure, and recovered. The person amongst the whole who seemed to have suffered least, was a negro: of the other survivors, several were by no means strong men; most of them had been inured to the warm climate of Carolina.' In the case of the two first that perished, the morbid power of the 'high piercing wind' was aided no doubt very powerfully by evaporation. In Dr. Currie's account of his experiments on the cold bath, we have the following interesting illustration of the superior refrigerant power of wind or air in motion. After continuing in the water fifteen minutes, the subject of some of his trials exhibited 'little or no diminution of his heat in rising into the air in a perfect calm, though during a frost; while the like exposure in a second trial, under similar circumstances, but with a north-east wind blowing sharply, produced a rapid diminution (of animal heat), though the air was many degrees warmer' than in the preceding experiment.

I have above cited several examples of even death instantaneously produced by the chilling influence of a piercing north wind. Every valetudinarian is aware of the inconvenience and even danger of exposure to blasts from chinks and other apertures in rooms otherwise close.

*Prevention of Diseases of Cold.*—The remarks I have to make in this section will come under the head of *Clothing, Exercise, Internal Heat, or stimulating ingesta, and Diaphoretic Means*, as hot diluents, bed-heat, &c.

Every considerable augmentation of refrigerant influence requires, on the part of the subject exposed, proportionate precautionary means for the protection of health; these preventive measures must consist either of increased clothing or of the use of means capable of compensating for defect of personal coverings, by diminution of intrinsic organic susceptibility. The class of preventive means last alluded to will be by and by considered, under the heads of exercise and stimulating ingesta: at present I shall confine myself to the question of clothing.

Transition from a tranquil into an agitated or progressive atmosphere, as from indoors into the open air, from the inside of a stage-coach to the outside, &c., is accompanied with a great increase of the refrigerant power, which the frame has to encounter, and will, in many instances, above all if moisture be present, require additional protective covering. When the exposure is but short, or the weather is fine, or the constitution vigorous, and reactive energy therefore ample, such precaution, no doubt, will generally be quite unnecessary: yet those compensative conditions must be often wanting in a greater or less degree; and exposure, therefore, not provided against by appropriate internal or external means, will often prove hazardous, and sometimes fatal. In how many cases has phthisis been traced to an indiscretion of the sort now alluded to; to a journey on the top of a stage-coach in bad weather, or by night with insufficient clothing, &c. In how many instances have youth, and accomplishment, and loveliness, fallen victims to the noxious influence of cool, perhaps damp out-of-doors atmospheres in passing from one rout to another, or in returning from scenes of splendid riot to domestic solitude and repose.

In passing from a state of activity or exertion to one of relative quietude, precautions are often required for security: such transitions occur when horse or foot exercise is exchanged for riding in an open carriage, or gestation on the water, and obviously demand the like precautions with transitions from walking, running, &c., to sitting, lying down, &c. But of all conditions that require provident measures, that of sleep stands most in need of them. In that condition the calorific function is less excited, less exposed to incidental stimulation from physical agents, or moral impulses, or muscular exertion, than in any other. Less heat is evolved; the body is much more readily chilled, the cutaneous functions more easily disturbed, and every derangement of internal parts, producible by frigorific impressions on the skin, is more promptly effected. In the state of sleep, it is therefore, if ever, necessary to guard against exposure to cool moisture, currents of cool air, and every other cause of diseases of cold. All this is very plain, and is generally known, and requires no further notice. Before quitting this topic, however, I would briefly enter my protest against the absurd and mischievous extreme to which many, perhaps most people, carry the use of woollen and other night clothing. It is common for females, in particular, who seldom, amongst the richer classes at least, know the comfort, the real luxury of

woolen or chamois coverings for the shoulders, chest, feet, &c., and who wear below the knee, on the arms, upper part of the chest, neck, or head, either slight or no covering, to retire to sleep on beds of feathers, under half a dozen or more folds of one material or another, mostly woolen, and this in soft, nay even in summer weather, and with every avenue of fresh air, every door and window, closed, and bed-curtains perhaps drawn closely around : from such violent transitions what wonder if inconvenience result ! The sleep is more or less disturbed by dreams and feverish uneasiness ; the strength is not properly recruited, and the sleeper awakes unnerved, languid, indolent, often hot or chilly, generally anorectic. Under such circumstances, a susceptibility of inconvenience and injury from cold, above the average, may reasonably be looked for, and will, I believe, seldom fail, if occasion offer, to show itself. Nor is the relaxation attending long immersion in warm air the only disadvantage in such cases ; for there is obviously the further one of long-continued respiration of an impure atmosphere to be taken into the account ; a disadvantage of no trifling importance in the cases of such as retire early to small rooms and emerge into daylight after protracted slumbers.

Another point in which many fail, is the adaptation of clothing to season, weather, &c. No one questions the propriety of such adaptation in the abstract ; but the number of those that commit the grossest errors on this subject in practice is enormous. What can be more obvious than the temerity of wearing the same kind and quantity of clothing in the heat of summer and frosts of winter ; yet there are not wanting in the very first rank of the medical profession persons chargeable with such imprudence. I recollect very well the substance of an argument I once had with a fellow-traveler, an Austrian cadet, on his way through mountains, in mid-winter, *en voiture*, from Vienna to Laybach. He obviously suffered inconvenience from want of warmer clothing, yet would not admit the propriety of adding even a flannel vest to his wardrobe. He considered it, he told me, '*militärisch*,' soldier-like, to dispense with woolen under-coverings. A like answer would no doubt be given by many defaulters on this side of the water. Ladies would hold it to be *feminine* ; gentlemen, *manly*, &c., to dispense with the extra under-clothing proper for winter and cold weather. But indolence, temerity, and fine breeding, are bad protectives against inclement seasons.

*Exercise.*—An observant individual can seldom fail to know when, from universal weakness or incidental exposure, he is in danger from external cold ; and a provident man will easily, in general, foresee future exposure. When actually exposed, the great prophylactic is muscular exertion, and, if possible, locomotive exercise. RITTER's advice is excellent, when he recommends that we should counteract the chilling influence of a draught or of a damp atmosphere, to which we are constrained to expose ourselves, by proportionably increased exercise in order that we may be enabled to compensate for the augmented expenditure of caloric by an increased evolution of it. The calorific power of general muscular exertion is such that, but for the antagonist frigorific power of cutaneous exhalation and vaporization, there can be no doubt that even moderate exercise would be incompatible with health, and that



violent locomotive exertion would, in comparatively tranquil atmospheres, at least, prove destructive of life. It is so great, that, duly persevered in, and aided by clothing sufficient to protect the skin and extremities from the immediate contact of an intensely cold air, it has been, on innumerable occasions, found sufficient to bear man harmless through the most formidable trials, as the narratives of Parry, Franklin, Scoresby, and many others, abundantly testify.

Respecting the use of *hot drinks and aliments at once nutritive and stimulant*, before and during exposure, little need be said. All experience is in their favor; every traveler on our stage-coaches knows the protecting power of warm tea and coffee, punch, &c.; there is even unequivocal experimental proof of the power of stimulant drinks to sustain the animal temperature under exposure. During my experiments on the cold bath, I found, in some trials with warm drinks and wine (taken before immersion), the sensation of cold little less lively indeed, and the access of shivering little retarded; but the pulse and heat under the tongue were much less reduced by the cold than in other trials made without such preparation. As a preparative, however, for protracted exposure to cold, &c., pure vinous liquors are obviously unsuitable means: the excitement they produce is transitory, and is followed by dangerous depression of caloric power: and their repeated and free use is, amongst other objections, liable to this, that it favors that somnolency which is one of the most perilous effects of cold. I have little doubt that the protective power of punch, negus, &c. is more owing to the hot water than to the pungent spirit.

The fourth division comprises the means of cutting short incipient diseases of cold. On the supervision of chilliness and other symptoms, effects of recent exposure to cold, such as slight headache, horripilation, dejection of spirits, hoarseness, slight sore throat, coryza, lachrymation, cold feet, anorexia, lumbar pains, &c., we should have immediate recourse to the shelter of a warm bed; all solid aliment should be withheld; our only ingesta should be warm diaphoretic drinks. Diluted vinous liquors taken warm, such as weak hot punch or negus, are often useful in such cases. But, in general, the alcoholic ingredients may be safely dispensed with, and when the excitement is considerable and headache is present, it cannot, without rashness, be recommended. The preceding measures are usually sufficient, if early enough employed, to cut short incipient derangements from cold. Where irritation is considerable, which is indicated by flying pains in the back and limbs, lively sense of cold, smart shivering, &c., opiates had better be employed in addition to the means already mentioned: for this purpose Ritter highly extols a combination of opium and camphor, two or four grains of the latter with from the eighth to a fourth part of a grain of the former every second hour, until the horrors, headache, pains, &c. shall have vanished or greatly declined. I have no doubt of the utility of such a combination; but pure laudanum or opium combined with warm diluents will probably be found fully as efficient. Dover's powder is also an excellent remedy. Another remedy, at once efficient and agreeable, is the common effervescing draught, containing half a scruple of nitre, a drachm (more or less) of the compound tincture of camphor, and in some cases

half a drachm or more of nitrous ether, and as much of Hippo wine, to be repeated every third, fourth, or sixth hour. Where the feeling of cold, as evidenced by horripilation, rigors, &c. is lively, warm bathing, local or general, followed up by some of the remedies just proposed, is very proper.

Prevention of disease is better than cure ; it implies a more masterly degree of skill and power in the prescriber, and a smaller expense of care and vital power on the part of the sick. In practical medicine the first indication in dignity as well as time, is prevention : in other words, the avoidance or counteraction, as far as possible, of morbid agencies ; and when illness arrives, the employment, without loss of time, of the means best calculated to disperse the earlier groups of organic preternatural conditions or symptoms, and thus, by anticipation, get rid of the complications and difficulties so soon superinduced and accumulated upon primary simple and tractable derangements by the influence of sympathy and habit. With these views, I have thought it advisable to append to my observations on the morbid effects of cold, remarks on the circumstances that most favor the action of morbid cold, on the means best calculated to neutralize its agency, and on the remedies that should be employed after injurious exposure to prevent the establishment of any nosological effect or regular disease of cold : on the plan, as on the execution, it is the reader's province to decide.

The whole monograph, which would have well deserved a place in the *Cyclopædia of Practical Medicine*, or in *Dr. Copeland's Dictionary*, contains the most convincing proofs of the author's learning, talents, and discrimination.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MARCH 13, 1833.

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### DIAGNOSIS OF DISEASE IN INFANTS.

THE diagnosis of disease in children, though not on the whole attended with more difficulty than the same investigation in adults, has some peculiarities which merit consideration.

This branch of diagnosis forms in fact a distinct study, and as such has attracted the attention and employed the thoughts of some highly eminent practitioners. We have now before us some remarks on this point by M. Guersent, of the *Hôpital des Enfants*, at Paris, contained in his introductory lecture, which seem to us judicious. The professor remarks that there are in that establishment children of all ages to fifteen ; they present all the diseases of adults, except one or two, such as apoplexy and biliary calculi. But maladies in children are more concealed, more difficult to observe, and consequently require stricter attention to obtain a

correct diagnosis, to serve as the foundation of right practice. The maladies of the earliest age, up to five years, present more than any others a peculiar aspect. They have a certain analogy with those of old men, in their hasty march and rapid termination, in the predominance of the cerebral system, and finally in a certain relation between the extreme sensibility of the intestines in the first, and their sluggishness in the second, these two causes equally producing in both chronic affections of these organs.

The knowledge of preceding morbid affections is of the highest importance in deciding on the disease of children. Thus, a chronic affection of the lungs may be justly entitled tubercular, if there has previously been a pustular eruption on the hairy scalp, an enlargement of the lymphatic glands of the neck, and chronic ophthalmia.

Having obtained from the friends of an infant all possible information, and thus having some clue to the disease, we pass to the examination of the patient. In commencing this, precautions are often needed, in order to avoid alarming the infant, and thus producing a degree of agitation which might defeat our whole purpose. In examining a young infant, there is often no better mode than to have the breast given it during the process.

The countenance of children furnishes some information rather in regard to the gravity of diseases and their duration, than to their nature. The face is deeply wrinkled: several of these wrinkles have a constant arrangement, which has been regarded as indicating a cephalic, thoracic, or abdominal affection, according as in their position from above downwards, one or another is more marked. These wrinkles have been termed naso-superciliary, naso-zygomatic, naso-labial; and there is a fourth, which leaving the lateral parts of the nose to descend to the chin, especially indicates profound chronic affections of the abdomen or thorax.

The frequency of the pulse in very young infants is remarkable. M. Guersent especially attributes this frequency to the smallness of the left ventricle. Yet he considers it an error to attribute to the infant 120 pulsations a minute; the mean is from 96 to 100. Sometimes, indeed, instances are found of from 112 to 120, independent of disease; but they are rare. Such as it is, the frequency of the pulse in these subjects is important to consult; as in chronic inflammations, the heat of skin is often wanting, and the pulse alone indicates the presence of fever. This frequency of the pulse is often extreme, and may even amount to 150 or 180 pulsations. It is not always an indication of fever; sometimes it denotes only the extreme irritability of the nervous system. Thus it is often sufficient to approach a child, in order to produce an acceleration of the pulse. Crying produces the same effect; but the cries which result from obstinacy and from their ill humor toward those who surround them, have this effect in a much less degree than those which are called forth by suffering.

The organs of respiration furnish us with important aids to diagnosis. It is first to be remarked that in young children expectoration is nothing, because the mucus secreted is swallowed. Immediate percussion is often painful; but this mode of exploration may very well be adopted, with the precaution of interposing the finger. In infants, as in adults, some chests are very sonorous, and others much less so, without its being possible to account fully for the difference. In the first case the respiration is ordinarily puerile. The number of respiratory movements may be much augmented, and may even reach 50 or 60 respirations per minute. In this case, we are often unable to distinguish any pulmonary expansion, although there is no lesion of tissue: it seems as if the air only traversed the bronchiæ, without having time to penetrate the aircells.

The application of the stethoscope requires some precaution, and oftentimes the naked ear is preferable. For the rest the same *râles* are heard as in adults; pectoriloquy is often difficult to appreciate, on account of the absence or weakness of the voice. We often observe in infants an irregular respiration, which is no longer found in adults, and which seems to belong to the facility with which the bronchiæ contract. We should never neglect paying attention to the voice; and when it is altered or lost, immediately examine, as far as possible, the throat and the larynx.

The cough of children presents some variety, and may be distinguished into laryngeal, tracheal or bronchial, and pulmonary. The first is shrill, with alteration of the voice; the second is never so profound or so sonorous as the third.

#### EFFECTS OF SWALLOWING KNIVES.

We see in one of the daily papers an article quoted from Fraser's Journal, on the extraordinary powers displayed by the stomach and intestines, when, by accident or design, metallic and other hard and indigestible substances have been admitted into them. A case particularly referred to, is that of John Cummings, an American seaman, who, in the course of a few years, swallowed thirty-five knives, and having survived his last feat in this way four years, died of lingering disease in Guy's Hospital, in London. An account of this case was given in the English journals of the day. A large proportion of the knives, as it appears, were voided by stool on the day following; and he had observed that the three first were not voided in the order in which they were taken, but inversely. This led him to believe that there was room enough for them to pass each other in the stomach, and that he might continue to repeat these feats with impunity. The knives were of the kind called jackknives, such as are used by sailors to cut their food. For several years he experienced no material inconvenience, but it appeared that one of the last he swallowed had taken a position across his stomach, and thus produced the disease which proved fatal to him. On examination, not only this, but thirteen

others were found in the stomach and intestines, in all of which the horn of the handles was nearly digested, and the iron and steel of some considerably corroded.

#### PREVAILING TENDENCY OF DISEASES.

EVERY observing physician has remarked the difference in the character of the same diseases in different years. Their symptoms vary in nature and degree ; and the remedies that prove curative in one year, will often disappoint our expectation, or be contraindicated, in another. At one time we find strong febrile action characterizing most of the cases that fall under medical treatment, and depleting measures are indispensable to their successful management. At another, debility is the great characteristic, and tonics are required in maladies where this class of medicines would be ordinarily misapplied. These changes depend, most probably, on the peculiar state or constitution of that universal agent, the atmosphere. To watch them and be governed by them in practice, is a duty important alike for the reputation of the physician and the safety of his patients. During the last few years, most disorders have been attended with an unusual prostration of the powers of life, and, at the same time, an inclination or tendency to increased action. This peculiarly irritable state of the system cannot but have introduced a modification of morbid phenomena, somewhat inconvenient to the practitioner. It has generally however been found, that notwithstanding the appearance of inflammatory action, stimulants have not only been borne unusually well, but that they have been required to support the system and restore that balance between the power and action of the system, without which all attempts to combat apparent symptoms must be fruitless. These remarks are of course of very general application. We allude only to the general tendency of the animal system at the present time—its tendency to debility. Cases unquestionably occur, at all times, that require an antiphlogistic plan of treatment : but it is no less true that this plan must, in some seasons, be adopted with more caution than in others. A septic tendency will render it dangerous, where, at first view, it may seem to be indicated.

#### CHOLERA IN LOUISIANA.

A CORRESPONDENT informs us of the existence of the cholera in Attakapas, La. 'The disease broke out,' he says, 'in this parish (St. Mary), about the 1st of November ; since which time the number of deaths has been about 40 blacks and 10 whites. The violence of the disease has greatly abated, a few cases only occurring occasionally among the negroes, whose habits of life and excesses in eating and drinking render them peculiarly susceptible to its attacks.'

## IRRITATIVE ERYTHEMA.

THIS disease, so little understood and so rarely occurring, has been noticed more frequently of late than in times past, both in this country and in Europe. Several cases of very peculiar interest are published in the Dublin Journal by Dr. Robert Law. In the management of his cases, his chief reliance was on tonics and antispasmodics. Of these, quinine, ammonia, and camphor; are the principal ones recommended; and in the cases recorded, Dr. Law has not been deterred, by the appearance of wandering or delirium, from giving wine and opium. These cases are full of instruction, but we can only offer at present a brief one that terminated fatally, bleeding and blistering having been unfortunately resorted to in an early period of the disease.

'Ellen Read, *etat.* 32, married; confined about two months ago, since when she has never been in good health. About a week since was exposed to cold and rain, and the next day was seized with shivering and pain in her bones. Her wrists became swollen and red, and, being considered to be laboring under acute rheumatism, she was bled, purged, and got Dover's powder. After three days she complained of headache and deafness, and fell into a stupid comatose state, for which a blister was applied to the nape of her neck. She now came under my care, when I found large condylomatous swellings, of a bluish color, in different parts of the body; there were also numerous pustules, containing a yellowish purulent matter, and large vesicles or bullæ, containing a bluish serous matter, in various parts. The back of each hand was swollen, and covered with a deep erysipelatous blush. The nose was very much swollen and red; this swelling and redness extended to each lower eyelid, and involved the cheeks under the eyes, so that the angle betwixt the nose and cheeks was quite filled up; the skin covering the swelling was of a deep crimson hue, and was raised either into pustules containing a yellowish purulent fluid, or into bullæ, filled either with a dark serous matter, or with a clear transparent fluid; some of them had given way, and discharged their contents, leaving the skin shriveled. Pulse 180 in a minute, small and compressible; respiration hurried and jerky (*saccadée*); frequent sighing; great restlessness and agitation; complains of the impossibility of becoming warm; bowels too free; excessive thirst; the body emits a heavy, sickening fætor. No appreciable change took place in the symptoms for two days; she then fell into a deep coma, with stertorous breathing, and occasional muttering delirium, and thus expired.

'The examination of the body threw no light upon the nature of the disease. The blood was unusually fluid, and of a black, gory appearance. The condylomatous tumors contained an unhealthy, greenish pus.'

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*Hydrocele Spontaneously Cured in a Few Hours.*—Dr. KRIMER relates in the *Medicinisches Conversations-Blatt*, for 1831, No. XIV. the case of a laborer, fifty-two years of age, who had been affected with hydrocele for several years. A puncture was made and a pint of serous fluid discharged. The testicles were found unaffected. In three months, however, the fluid began again to accumulate in the tunica vaginalis. Nine months afterwards the patient applied to Dr. Krimer, when the tumor was of the size of a child's head. Dr. K. proposed to the patient to cure



it radically by excision of the tunica vaginalis, to which the patient consented. On the day fixed for the operation, Dr. K. was surprised to find no trace of the disease. The patient informed him that the preceding evening, having raised with exertion a weight of nearly two hundred pounds, he had experienced in the region of the inguinal ring a crackling and violent pain as if his abdomen had been torn. He then lay down, urinated copiously, his pains were solaced, and he slept. It was not until he awoke that he found the tumor had disappeared, when he discovered an ecchymosis extending over the left half of his scrotum. The spermatic cord and the epididymis were varicose, the inguinal ring closed, and there remained no part of the liquid and no pain. The ecchymosis was cured, and the varicose condition of the spermatic cord diminished by fomentations with vibegar and water, and afterwards with wine and alum.—*American Journal Med. Sciences.*

A case somewhat analogous to the above occurred recently in this vicinity, which we hope to present the reader in a week or two.

**Chronic Menorrhagia.**—In that variety of chronic menorrhagia, which is apt to occur about the period of the final cessation of the menses, and which is attended with *great general debility, and relaxation*, I have found minute doses of aloes more efficacious than any other remedy I have ever employed. I give half a grain of aloes with two grains of prussiate of iron, three times daily. Where the debility and general relaxation is accompanied with *great irritability* of the nervous system, the *prussiate of iron*, by itself, is a highly valuable remedy, in chronic uterine hemorrhage. It should be given in large doses and continued for eight or ten days. Twenty grains may be given twice daily. It would seem that the prussic acid combined with the iron, produces its peculiar sedative effects on the nervous system; for I have almost invariably found the frequency of the pulse much more decidedly diminished, and the general nervous irritability more speedily allayed, by the free use of the prussiate, than by any other preparation of iron, or tonic remedy. The prussiate of iron appears to me the best tonic we possess for the treatment of chronic hysteria, attended with general relaxation and weakness and free from local inflammation.—*Dr. J. EBERLE, West. Med. Gazette.*

A respected correspondent requests us to republish, from the Boston Courier, Dr. Jackson's letter on the late sickness of Dr. Spurzheim, from 'the persuasion that it deserves a more permanent depository than a newspaper.' We should be happy to oblige him; but when members of the profession select a newspaper for the depository of their medical communications, it is to be presumed that they have good reasons for such a selection, and it is, we believe, a universal rule among conductors of medical journals not to interfere with their arrangements. Had the letter in question been designed for the faculty, it would probably have been given them in some medical work, before it was offered to the public.

Our acknowledgments are due to the respected author of the paper on Phrenology, but we regard it as more suitable for a popular periodical than for a medical journal.

The Publishers of the Medical Journal have on hand a few copies of Vol. VII., both bound and in sheets. Subscribers whose names have been sent in since the commencement of the eighth volume, can have the seventh forwarded to them if desired. A complete set of either of the three preceding volumes cannot be furnished.

Whole number of deaths in Boston for the fortnight ending March 8, 44. Males, 24—Females, 20. Of typhous fever, 2—croup, 1—consumption, 7—teething, 1—dropsy on the brain, 2—unknown, 2—rheumatic fever, 1—disease of the spine, 1—convulsions, 1—old age, 2—hooping cough, 1—inflammation of the bowels, 2—inflammation of the brain, 1—scarlet fever, 3—fits, 1—liver complaint, 1—intemperance, 2—palsy, 1—lung fever, 1—inflammation of the lungs, 2—dropsy, 2—fever, 1—drowned, 1—pleurisy fever, 1—disease of the heart, 1—child-bed, 1—dropsy on the chest, 1—gun, 1. Stillborn, 4.

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